



**HEALTH PROFESSIONS  
EDUCATION FOUNDATION**

*Giving Golden Opportunities*

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DATE : December 1, 2000

TO : Potential Applicants

FROM : LaTanya A. Henley  
Program Administrator

SUBJECT: **HEALTH PROFESSIONS EDUCATION LOAN REPAYMENT PROGRAM**

An application packet is attached for the Health Professions Education Loan Repayment Program. The Program allows for the repayment of up to \$20,000 in educational debt incurred during a dental, dental hygiene, nurse practitioner, certified nurse midwife or physician assistant education, in return for practice in a medically underserved area of California for a period of two consecutive years.

Interested persons should send a completed application package to:

Health Professions Education Foundation  
1600 9<sup>th</sup> Street, Suite 436  
Sacramento, CA 95814

**Application packages must be received (not postmarked) in the Foundation Office by 5:00 p.m. on April 25, 2001. Late or incomplete applications will not be accepted.**

Questions about the Program and/or the application requirements should be directed to the Health Professions Education Foundation at (800) 773-1669.

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT THE FOUNDATION AT (800) 773-1669, BY 5:00 P.M. ON THE FINAL FILING DATE, TO VERIFY WHETHER HIS/HER APPLICATION WAS RECEIVED COMPLETE AND ACCURATE. THE FOUNDATION WILL NOT PLACE CALLS TO REQUEST ADDITIONAL INFORMATION OR TO CLARIFY INFORMATION PROVIDED. IF THE APPLICANT MAKES AN INQUIRY AND IS INFORMED THAT HIS/HER APPLICATION IS INCOMPLETE, THE APPLICANT WILL HAVE 5 BUSINESS DAYS TO SUBMIT ORIGINALS OF ALL DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION PACKAGE (COPIES AND FAXES WILL NOT BE ACCEPTED).



## **HEALTH PROFESSIONS EDUCATION LOAN REPAYMENT PROGRAM INSTRUCTIONS**

### **PROGRAM DESCRIPTION**

The purpose of the Health Professions Education Loan Repayment Program is to increase the number of dentists, dental hygienists, nurse practitioners, certified nurse midwives or physician assistants practicing direct patient care in medically underserved areas of California. Loan repayment applications are accepted annually. This program is authorized to repay up to \$20,000 in educational debt incurred during a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program. Loan repayment assistance is available to the practitioners listed who are currently employed in or who have a tentative offer of full-time employment in a medically underserved area of California.

Detailed information about medically underserved areas and facilities in California can be found on the HPEF web site at:  
<http://www.healthprofessions.ca.gov>.

The Health Professions Education Loan Repayment Program is authorized to repay governmental and commercial loans that were obtained for tuition expenses, books, equipment and reasonable living expenses associated with attending a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program. In return for the loan repayment award, recipients are required to practice full-time in direct patient care in a designated medically underserved area of California or a county health facility for a minimum of two years.

“Direct patient care,” means the provisions of health care services directly to individuals being treated for, or suspected of having physical or mental illnesses. Direct patient care includes preventive care. The first line supervision of direct patient care shall also be considered “direct patient care”.

Funding for the Health Professions Education Loan Program is made possible through grants from The California Endowment and The California Wellness Foundation.

### **ELIGIBILITY REQUIREMENTS**

The applicant must meet the following requirements:

- ❖ Be a U.S. citizen or a permanent resident and a California resident.

**ELIGIBILITY  
REQUIREMENTS  
(CONTINUED)**

- ❖ Work a minimum of 32 hours per week in a medically underserved area of California for at least two consecutive years.
- ❖ Agree to practice as a dentist, dental hygienist, nurse practitioner, certified nurse midwife or physician assistant in direct patient care for at least two years in a medically underserved area in California.
- ❖ Submit completed application packet by the final filing date.

**APPLICATION  
REQUIREMENTS**

The applicant must submit the completed application packet by the due date. Incomplete or late application packets will not be considered for scholarship funds. The completed application packet consists of the following:

- ❖ The attached "Health Professions Education Loan Repayment Program Application." Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- ❖ Two letters of recommendation. **The letters must be the original; copies are not acceptable.** The letters must be on letterhead, dated and signed within 6 months of the final filing date and must include a phone number for verification.
- ❖ Documentation of outstanding governmental student loans obtained during a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program.
- ❖ Employment Verification Form (page 2 of the application).
- ❖ Official college transcripts with degree posted unless the applicant has not graduated. Applicants, who will not graduate before the application deadline, must submit all transcripts available to date.
- ❖ Complete 2000 Tax Return along with W-2s and/or 1099s.

Applications that do not include documentation of community service will be accepted; however, absence of the information will reduce the likelihood of selection for loan repayment.

**APPLICATION  
FILING  
DEADLINE:  
April 25, 2001**

Late and/or incomplete applications will not be evaluated. The Foundation will not notify applicants of any deficiencies. It is the applicant's responsibility to contact the Foundation by 5:00 p.m. on the final filing date to verify whether their application was received and is complete and accurate.

Applicants should duplicate the application prior to submission. The Foundation will not return any original or copies of the application packet. The Foundation will not forward documents to other organizations.

Falsification of application will disqualify the applicant and the appropriate licensing board will be notified.

**SELECTION  
CRITERIA**

Selection of loan repayment recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions. The criteria used in determining the award of loan repayment are the applicant's:

- ❖ Background---family structure, area(s) grew up in (rural, urban, medically underserved), socioeconomic status, achievements, challenges and adverse conditions;
- ❖ Community Involvement---documented volunteer service and activities particularly in medically underserved areas;
- ❖ Work Experience---nursing and non-nursing work experience in medically underserved areas;
- ❖ Career Goals---professional goals and plans for the next five to ten years;
- ❖ Needs of the state for dentists, dental hygienists, nurse practitioners, certified nurse midwives or physician assistants; and
- ❖ Financial Need---actual or potential difficulty in repayment of educational debt.

Due to limited funding, any recipients who breach their contract with the Foundation will not be allowed to apply for additional funding.

**NOTIFICATION OF  
LOAN  
REPAYMENT  
AWARDS** Applicants will be notified in writing within 8 weeks of the final filing date of the decision on his/her application.

**CONDITIONS FOR  
GRANTING LOAN  
REPAYMENT** Loan repayment recipients must sign a contract with the California Office of Statewide Health Planning and Development. The contract requires the recipient to practice full-time direct patient care in a medically underserved area of California for at least two consecutive years. Recipients are required to repay the loan repayment plus interest if the contract terms are not fulfilled.

**REMINDER** It is the responsibility of the applicant to contact the Foundation office by 5:00 p.m. on the final filing date at (800) 773-1669 to verify whether his/her application was received complete and accurate. The Foundation will not place calls to request additional information or clarify any information provided. If an inquiry is made by the applicant wherein the applicant is informed that his/her application was incomplete, the applicant will have 5 business days to submit original versions of all documents required to complete the application (copies and faxes will not be accepted).